

# Exhibit 356

*United States of America ex rel. Ven-A-Care of the Florida Keys, Inc., et al.*  
*v. Dey, Inc., et al.*, Civil Action No. 05-11084-PBS

**Exhibit to the August 28, 2009 Declaration of Sarah L. Reid in Support  
of Dey's Opposition to Plaintiffs' Motion for Partial Summary Judgment**



DEY LABORATORIES, INC.

August 31, 1993

Martha McNeill, R.Ph.  
Dept. of Human Services  
P.O. Box 149030  
MC Y-915  
Austin, TX 78714-9030

Re: Medicaid Reimbursement

Dear Martha;

Dey Laboratories, Inc. is a manufacturer of generic unit-dose respiratory inhalation solutions and diluents. We are in the process of updating our files which show you as the contact person for Medicaid reimbursement inquiries. Attached please find a list of products currently manufactured by our company. We are interested in obtaining the reimbursement status for each of these products in your state. Specifically, we would like to confirm that these products are Medicaid reimbursable, the reimbursement rate, (i.e., AWP less 10%), your dispensing fee, and data source used to obtain this information. Please note that all products are used with nebulizers for respiratory therapy treatments.

Many of our customers are Medicaid providers and request reimbursement information when making a purchasing decision. In order to provide them with the best possible service, we periodically request this information from each Medicaid carrier. This information will also enable providers to better complete their claim forms and should help streamline claims processing.

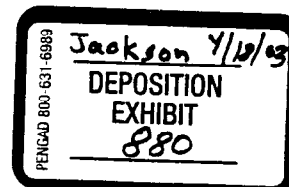
Enclosed please find a form listing our products. Under the Freedom of Information Act, please complete the form with the requested information and return to my attention. Should you have any questions or need further information, please contact me at (800) 755-5560. Thank you for your time and consideration in this matter.

Sincerely yours,

*Carrie-Jean Jackson*  
Carrie-Jean Jackson  
Sales & Convention Coordinator

:cjj

Enclosure



CONFIDENTIAL  
DL-TX-0090867



State: TX

 Dispensing Fee \_\_\_\_\_  
 Data Source \_\_\_\_\_  
 (i.e., Red Book; Blue Book, etc.)

Product No.	Strength/Size		Reimbursable (Y/N)	Reimbursement Rate
<u>Acetylcysteine</u>				
181-04	10%	4 mL		
181-10	10%	10 mL		
181-30	10%	30 mL		
182-00	20%	100 mL		
182-04	20%	4 mL		
182-10	20%	10 mL		
182-30	20%	30 mL		
<u>Albuterol Sulfate</u>				
697-03	0.083%	3 mL		
697-60	0.083%	3 mL		
<u>Isoetharine</u>				
659-02	0.2%	2 mL		
660-03	0.17%	3 mL		
661-03	0.08%	3 mL		
664-05	0.1%	5 mL		
<u>Metaproterenol</u>				
676-03	0.6%	2.5 mL		
678-03	0.4%	2.5 mL		
<u>Sodium Chloride</u>				
030-03	0.9%	3 mL		
030-05	0.9%	5 mL		
030-10	0.9%	10 mL		
030-20	0.9%	20 mL		
630-03	0.9%	3 mL		
630-05	0.9%	5 mL		
640-15	3%	15 mL		
641-15	10%	15 mL		
820-03	0.45%	3 mL		
820-05	0.45%	5 mL		
830-03	0.9%	3 mL		
830-05	0.9%	5 mL		
830-15	0.9%	15 mL		
<u>Sodium Chloride, MDD</u>				
501-20	0.9%	120 mL		
503-00	0.9%	300 mL		
<u>Water, Purified</u>				
810-03		3 mL		
810-05		5 mL		

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